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Ethics within Psychiatry Objective and Subjective Approach

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ABSTRACT: Psychiatry remains a borderline medical discipline between social systems, individual bio-psychological balance, physiological health and law enforcement. Given all these implications, ethical implications become more complex and scientific borders can be outdated by subjective, moral or personal principles or by legal implications. From the simplest medical care to forensic psychiatry and scientific research, ethical problems are always torn between social welfare and patient's welfare due to important particularity of the main functional unit of psychiatry: the patient with all his specific pathologic characteristics that affect civic and physiologic fundaments of social and medical bases: discernment and auto-conductivity. Whether it is a psychiatric disorder that affects the patient's integrity or the integrity of the socio-familial matrix, the balance between social health and the patient's life quality will end up in contradiction at some point, putting every institution involved in difficulty.

KEYWORDS: patient, psychiatry, bioethics, society, forensic

Introduction

Psychiatry is an endless source of ethical disputes. In matter of strict medical aspects, there are clearly objective principles and limitations when caring for a mental ill. His rights to well-being are not changed by his mental state and the goal to high life quality and health are the same as in any other medical discipline.

The differences appear in major psychotic disorders or when the patients become a danger for themselves or for the social environment. One aspect involves the subjectivity of the society near him as people tend to isolate and eliminate from their surroundings elements of disturbance. That is why a psychiatric patient might be isolated and stigmatized and pushed away even by his own family. Acceptance and understanding are vital for these people and isolating them will only aggravate their condition. In borderline pathology, when thinking and self-awareness are still present, depression and anxiety often worsen the clinical aspect of the disease, pushing these people to self-isolation or self-harm activities like substance abuse or autolytic ruminations.

When anti-social symptoms are attached to the clinical picture of the disease, there will be law enforcement principles that often put the sanctions and the social welfare over the patient's mental and physiologic balance (Anghel & Băcilă 2020, 1).

All these situations are putting a lot of pressure on the psychiatric doctor that has to maintain a balance and solve all social and law aspects but more importantly, has to care for the good of his patient, growing his chances of recovery or bringing him to a higher life quality and expect to a healthy social reinsertion, although this is yet another difficult issue regarding psychiatric stigmatization (Chiosa-Chiaburu 2009, 417).

Ethics of doctor-patient relationship

From the beginning, the relationship between doctor and patient in psychiatry is a real challenge. The first reason is because the way this discipline is viewed from the outside. It is very hard for an individual to accept this type of medical help and his admittance to a psychiatric clinic will be reserved and anxious, with fear of being stigmatized and judged by both family and society and why not, by the doctor himself as he is in the first place, a human being before being a medical specialist.

After this first step comes another challenge: the interview with the patient. The anamnestic review in psychiatry is all about getting the person to open his mind and his heart in front of you, a complete stranger and one in a uniform (Buda 2008, 83).

Keeping a constant line between the objective principles of medical care and moral and personal involvement is hard. On one hand, professionalism is important to keep control of the situation and respect the boundaries of medical act but on the other hand, compassion and understanding are important to get the person to open and talk freely about his problems. Keeping all these elements at a constant level involves a vast experience, practice, good moral principles and self-control in high doses. A psychiatric patient tends to be a smooth and methodical observant of every detail surrounding him because of the tension this examinations are involving. Every alteration in the examining environment and every modification in the examiner's mimic and pantomimic can reset the interview or end it (Țîrdea 200, 17).

With major disorders, terms become even more difficult. Patients with low mental capacity or lack of discernment are even harder to assist or interview as their knowledge about their own good is disrupted or absent. Keeping calm in front of these situations, giving them an impression of protection and understanding is as hard for the doctor as it is important for the patient. The key, in this case, is the doctor's approach to the first contact with the ill. Respecting him, calming him and getting to understand and believe him especially when no one else understands his symptoms in that moment can solve the compliance issue (Lolas 2002, 123). After that, keeping a respectful and protective relationship without patronizing or humiliating him is vital for the patient's compliance and cooperation during treatment psychological therapy. In these cases, there is a long road from acute decompensation to mental balance and social reinstatement and it depends on getting the patient to understand and accept his need to be helped. Although resistance is often a barrier at some point of the hospitalization, contention and medication are to be administered without harming the individual physical and psychological integrity. An important fundament of psychology and psychiatry is that help must be given if asked for. Freedom of choice is a human reflex present even in the most severe mental disorders and forcing help and treatment can suffocate that reflex ending up in more damage than resolution (Ciubara 2013, 11).

It is understandable that it is humanly difficult to accept being a psychiatric patient even without discernment as it is humanly difficult to attend a psychiatric patient that does not understand the risks for himself and for his environment and cannot comply to treatment. As the characteristics of the mental disease are unchangeable, the only adaptable element remains the doctor's attitude and approach with need of a high moral and professional conduct and immense self-control (Talbott 2006, 384).

Non-voluntary hospitalization

Medical ethics and fundaments stand on very specific principles. Some of those principles are the patient's information about the medical act and his consent on the medical act. In psychiatry, these principles can become obstacles in major psychiatric disorders as well as in psychiatric pathology in children. In the first place, psychiatric disorders do not involve a general absence of mental capacity to understand and consent for medical treatment but they can be obstacles in some cases (Schneider & Bramstedt 2006, 90). There are pathologies that involve a constant lack of competence and discernment such as major psychosis or dementia but there are also acute decompensations or life-threating situations that involve a temporary absence of psychological capacity. At admittance, patients need to be very carefully assessed in order to evaluate their understanding of the health problem and need for treatment. Objectivity is vital in analyzing the psychological status of the patient, the presence of self or social danger, the competence of the patient regarding his state of mind and the disease, the impossibility of the patient to tend to his basic needs, the character of his disease and the motivation of his compliance or denial of the medical act. In some critical conditions, the psychiatrist can decide

for a non-voluntary hospitalization but only if all aspects tend to this solution. The ethical debate on non-voluntary hospitalization can be approached from 3 directions: one is the patient's personal attitude in front of the psychiatric examination, another one is the socio-familial view of the disease and the other one is the law's attitude in the psychiatric cases that involves it. All these directions have both a separate and a common importance in the resolution of the case (Kjellin et al. 1993, 323).

When an individual, due to a mental illness, becomes a threat to himself or to others, becoming unpredictable and lacking disease conscience, he needs to be cared for, treated and helped inside an institution and away from the dangers he represents for himself and others. Although these scenarios involve first degree relatives or law officers to implement, the autonomy of the patients is taken over by the doctor himself that will tend to his well-being and interests for all the hospitalization period. Medical law gives the doctor a very high responsibility considering him to be the only one capable to attend to his physiologic, psychologic and social problems. But as that patient does not understand his disease, he will not understand the need for his freedom to be ended, because that is the general perception. Although this measure sounds somehow drastic it is not supposed to be that way. Being hospitalized without consent does not involve a sanction for the patient as it is widely viewed in society of even in some law aspects. Although it is a safe solution secondarily for socio-familial system around the patient, it is primarily a safety solution for the patient himself. For the period of admittance, the ill is taken care of as well as every other patient is, in other medical domains, maybe with more surveillance and attention with the motivation of possible recovery or higher chances to a normal life (Alexius, Ajnefors, Berg & Aberg-Wistedt 2020, 21).

Crossing ethical boundaries is often caused by subjective clinical analyzing or excessive zeal, of course not as a bad intention but translated as an over-assessment of the acute diagnostic and socio-familial context and considering that hospitalization of the patient in that moment would protect him more from the altered climate he comes from. It may sound complicated but in present society, any modification of mental status can be stigmatized and isolated, pushing the individual to even more serious psychological distress (Palmer 2015). In other cases, families that deal with children or adults with major psychiatric syndromes tend to present the patients very often or very easily to the psychiatric emergency room considering that they cannot handle the cases or because they feel ashamed and isolated by the rest of the social network. Besides the lack of information regarding psychiatric disorders and the way to attend a mental ill inside the family or inner social circles, there is a lack of motivation for these aspects. If we add the general view on these cases, especially on mentally ill children or people with severe mental deficiency, there is an even more severe explanation for the dramatic number of such cases admitted to psychiatry instead of being taken care of at home (Radden 2002, 52).

As stated above, law officers are often presenting patients to the psychiatric emergency room. The law is supposed to present individuals that represent a danger for themselves or for others, for example, people with suicide attempts or with substance abuse problems that get aggressive. The problems begin when attendance to hospital are starting to be viewed as a sanctioning action and not as an attendance for the well-being of the individual. There are often cases when police misdiagnoses a person as a mental ill because of their attitude or misbehavior or, they choose to bring some individual for psychiatric examination as a way to sanction their actions (this being the case of some domestic abusers). As these cases represent a disrupted idea about psychiatry and a deprivation of the individual's rights it can be hard on the medical institutions as they are crowding the emergency system with non-psychiatric cases (Meynen 2016).

Another issue that psychiatric E.R. is confronting is some unmotivated inter-clinic evaluations. There are patients with temporary or discreet alterations of psychological state due to somatic problems or medical procedures. It is of interest to correctly asses the state of the patient before presenting them to a psychiatric institution and pushing them into psychologic stress above

his organic pathology as these alterations can be solved over interdisciplinary council without putting the patient in an uncomfortable situation (Reiter-Theil 2016, 45).

Ethics of forensic psychiatric expertise

Forensic psychiatry is an interface of two worlds with two distinct motivations and purposes – medicine and law. On one hand, law tends to the social and individual welfare but medicine tends to individual and general health. Although this domain is set to bring these motivations to an alignment, they cannot act as a common goal. The conflict of interests resides in the law's view over the felon as an element that needs to be isolated and eliminated from society and then sanctioned with the medical bases that legal medicine apply but psychiatry faces that felon that is brought to investigation as an individual with a disease, that need to be attended and cared for as any other medical patient (Kim 2004, 372). Of course, if that patient results to be an individual with active present discernment at the time he committed the crimes, he must face the law. Ethical principles do not permit the doctor to explain his criminal offences with psychological distress if that pathology did not interfere with his state of judgment. The responsibility in the case of forensic psychiatry prevents any specialist to align or to accede to the personal and emotional motivations of that person. Forensic medical investigations are highly objective without any personal involvement as these situations are already challenging because of the dissonance between specific law terms and relative psychiatric principles (Sidhu 2016, 58).

But returning to the ethical problematic, there is always a question of whether the social good or the patient's good is more important when attending people with felonies committed under lack of judgment. Conclusions in these cases are often an order to psychiatric treatment within a specialized institution, for very dangerous felonies or an ambulatory treatment with surveillance and periodic interview. Again, for the social and law system, this is a way to sanction the criminal offender, but for psychiatry, this is only another patient that needs treatment and faces the long way to a possible recovery and a healthy social reinsertion (Niveau & Welle 2018, 25).

Another issue tends to be the one regarding children, as every child involved in criminal activity and is under 14 years old, has to face the forensic psychiatric investigation. As these children come from altered familial and social environments, passing through a psychiatric admission and evaluation can be even more of a negative influence on their behavior and evolution, especially in pre-adolescent and adolescents with all the mental and hormonal changes influencing their brain activity and social adaptation on top of their familial and material problems. Even more so in victimology where abused children must face their fears and trauma once again during the necessary assessment of their psychological stress. It is even harder for children psychiatrists to remain objective and conclude the investigation for both society's welfare and for the child's future evolution and mental health as his future in society is at risk (Gkotsi & Gasser 2016, 58).

Ethics in psychiatric scientific research

Psychiatry remains to nowadays a vast discipline with relative and uneven boundaries and with still a lot of mysteries alongside some of the pathology. In that direction, it is understandable that this domain offers a lot of possibilities for research. The problem the scientific community hits in this field is the characteristic of the major disease with most of the patients not being able to understand, analyze and consent to participation in studies (Farmer, Owen & McGuffin 2000, 105). Of course, law offers some possibilities for these trials but ethical and clinical problems emerge even from that aspect as these regulations put other problems in front and interfere with the medical act. Some of the patients may need to stop taking their treatments in order to correctly assess their symptoms and manifestation putting them at risk of behavioral disorders or even aggressive states and severe psychotic decompensation. On the other hand, analyzing the risk for every patient in a medication trial is hard and often needs an interdisciplinary board review and familial acceptance as their

understanding of the research is limited and they cannot completely accept the risks. Although psychiatry offers a large scale of research, there are many risks and principles to be reviewed, these studies being even more difficult to resume in comparison to other medical fields (Lázaro-Muñoz et al. 2018, 15).

Conclusions

Psychiatry may offer the most complex ethical challenges in all medical domains. It's approach on the patient, the clinical and psychological characteristics of the diseases, the interdisciplinary implications are different directions of disputing deontological matters. Although the main goal of this medical field is the mental and physical integrity of the patients, just like other medical domains, the social, familial and law involvement bring other community and social purposes that can bring other implication for the psychiatric medical activity. In this case, the doctor takes over not only a responsibility for his patient but also for the social benefit and legal activity, a responsibility that needs a vast experience and medical practice, medical, social and legal culture, objectivity beyond any doubt, strong moral principle and efficient professional diplomacy.

Ethical boundaries in psychiatry, whether it involves forensic investigation, general medical attendance, or scientific research requires heavy ethical foundation and a primary care for the patient above any other interests as mentally ill people are maybe the most vulnerable community inside the social system instead of being judged, isolated and eliminated as a very large part of society still acts.

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